

WHITE RIVER TOWNSHIP

7386 Post Road
Montague, MI 49437
231-894-9216

Plumbing Permit

Job Address: _____ Building Permit Required: Yes No

Home Owner: _____

Street Address: _____

City, State, Zip Code: _____

Cell/Phone #: _____ Email: _____

Contractor: _____ State License No. _____

Street Address: _____ Exp. Date: _____

City, State, Zip Code: _____

Contact Phone #: _____

Workers Comp. Insurance Carrier _____

Liability Insurance Carrier _____

Federal Employer ID No. (or reason for exemption) _____

MESC Employer No. (or reason for exemption) _____

Description of Work

____ Single Family ____ Other ____ New ____ Alteration

Applicant/Permit Holder Signature: _____

The permit holder is responsible for all fees and inspections associated with this permit

Building Department Approval: _____

Permit #: _____ Date: _____

Name: _____

Address: _____

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six (6) months after the issuance of the permit; or if the authorized work is suspended or abandoned for a period of six (6) months after the time of commencing the work. A permit will become invalid if no inspections are requested and conducted within six (6) months of the date of issuance; or if no inspections are requested or conducted within six (6) months of a previous inspection.

Section 23A of the State Construction Code Act of 1972. MCL125.523A, prohibits a person from conspiring to circumvent the state licensing requirement of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23A are subjected to civil fines.

HOMEOWNER AFFIDAVIT: I certify that the work described on this permit shall be **installed by myself in my own home** in which I am living or about to occupy. All work shall be installed in accordance with the state code and **shall not be enclosed or covered up or put into operation** until it has been inspected and approved by the appropriate inspector. I assume the responsibility to arrange for all necessary inspections.

ITEMIZED FEE SCHEDULE

| | No. | Fee | Total |
|--|---------|-------------------------|---------|
| New Residential Home | [] | x \$175.00 = | [] |
| Up To 3,500 sq. ft. - 3 Inspections | | | |
| HUD Label Manufactured House - 1 Inspection | [] | x \$75.00 = | [] |
| ----- | | | |
| New Residential Home Over 3,500 sq ft or Other Work | | | |
| Plan Review Required | | | |
| Application Fee | [] | x \$50.00 = | [] |
| Fixtures, Floor Drains, Water | | | |
| Connected Appliances - each | [] | x \$ 8.00 = | [] |
| Stacks, Vents, Conductors - each | [] | x \$ 8.00 = | [] |
| Sewage Ejectors, Sumps - each | [] | x \$ 8.00 = | [] |
| Sub Soil Drains | [] | x \$ 8.00 = | [] |
| Water Service - Less than 2" - per Fixture | [] | x \$ 8.00 = | [] |
| Sewer - Less than 6" - per fixture | [] | x \$ 8.00 = | [] |
| Back Flow Preventer - each | [] | x \$ 8.00 = | [] |
| Water Heater | [] | x \$10.00 = | [] |
| Water Treatment/Filtering Equipment - each | [] | x \$10.00 = | [] |
| Commercial - Follow State Fee Schedule | | | |
| Special Inspection | [] | x \$50.00 = | [] |
| Additional Inspection | [] | x \$50.00 = | [] |
| Final Inspection | [] | x \$50.00 = | [] |
| | | Total Permit Fee | [] |

Receipt No. _____